

# ELECTRONIC TRANSMISSION PROFILE RECEIVER'S SPECIFICATIONS

**Receiver Name:** Kentucky Department of Workers' Claims **Date Prepared:** \_\_\_\_\_  
(*Jurisdiction Name & Workers' Compensation Agency Name*)

**Trading Partner Type:** ☒ Jurisdiction ☐ Service Bureau ☐ Other

**Receiver ID:** FEIN: 61-0600439 **Postal Code (9 digits):** {40601} – {6157}

**Transaction Sets for this Profile:**

Transaction Information				Acknowledgment Information	
IAIABC	ANSI	Release	Version	Mode (EDI/Paper/None)	Production Response period
148	148	1	3041	EDI	3 Business
A49	148	1	3041	EDI	3 Business
POC	271	N/A	N/A	N/A	N/A
				EDI	3 Business
AKI	824	1	3041	N/A	N/A

**Transmission Frequencies for this Profile:**

☒ Daily  
☐ Weekly Select Day: SUN MON TUE WED THU FRI SAT  
☐ Monthly Select Day (1-31): \_\_\_\_\_  
☐ Other: \_\_\_\_\_ Transmission Cut-off Time: 12:00 AM

**Electronic Mailbox(s) for this Profile:**

Network:			Network:		
	Test	Production		Test	Production
Mailbox Acct ID:			Mailbox Acct ID:		
User ID:			User ID:		
Message Class:			Message Class:		

Network:			Network:		
	Test	Production		Test	Production
Mailbox Acct ID:			Mailbox Acct ID:		
User ID:			User ID:		
Message Class:			Message Class:		

**Secure File Transfer Protocol (SFTP) for this Profile:**

Web Site	Test	Production
URL:		
Security Protocol:		
Encryption Level:		

**Flat File Record Delimiter:** ☐ Carriage Return (CR) ☐ Carriage Return Line Feed (CRLF)

**ANSI Information:**

Segment Terminator:		ISA Information:	<b>Test</b>	<b>Production</b>
Data Element Separator:		Sender/Receiver Qualifier:		
Sub-Element Separator:		Sender/Receiver ID:		

## ELECTRONIC TRANSMISSION PROFILE SENDER'S RESPONSE

Return this page to:

Receiver Name: Kentucky Department of Workers' Claims  
Receiver ID: Receiver FEIN: 61-0600439  
Receiver Postal Code (9 digits): { 40601 } – { 6157 }

### Sender Selections/Information

Master Trading Partner Information:

Legal Name (no abbreviations): \_\_\_\_\_

Trading Partner Type: ☐ Jurisdiction ☐ Third Party Administrator ☐ Employer  
☐ Service Bureau/DCO ☐ EDI Service Provider ☐ Self-Insurer ☐ Insurer  
Other (specify): \_\_\_\_\_

Sender ID: Sender FEIN: \_\_\_\_\_ Sender Postal Code (9digits): \_\_\_\_\_

Transaction Sets for This Profile:

Transaction Information					Acknowledgment
IAIABC	ANSI	Release	Version	Projected # per Transmission	Mode (EDI/Paper/None)
148	148				
A49	148				
POC	271				
MED	837				

Transmission Frequency (select only one from Receiver's options):

☐ Daily  
☐ Weekly    Select Day: SUN MON TUE WED THU FRI SAT  
☐ Monthly    Select Day (1-31): \_\_\_\_\_    ☐ Other: \_\_\_\_\_

Selected Media: ☐ Network ☐ Secure FTP

Electronic Mailbox for this Profile:

Network:		
	Test	Production
Mailbox Acct ID:		
User ID:		
Message Class:		

\*Secure File Transfer Protocol (SFTP) for this Profile:

Site	Test	Production
URL:		
Security Protocol:		
Encryption Level:		

\* See Instructions for additional information on securing Internet sessions.